

August 31, 2020

Action Pathways, Inc.
PO Box 2009
Fayetteville, NC 28302
Attention: Kim Stafford

Dear Kim,

Enclosed are the original and one copy of the 2019 Exempt Organization return, as follows...

2019 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Please review the return for completeness and accuracy.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Sincerely,



Cherry Bekaert LLP

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared For:

Action Pathways, Inc.
PO Box 2009
Fayetteville, NC 28302

Prepared By:

Cherry Bekaert LLP
3800 Glenwood Ave., Ste. 200
Raleigh, NC 27612
919-782-1040

Amount Due or Refund:

Not applicable

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

If your return has been set up for electronic filing, please return ALL signed e-file forms as soon as possible to the following:
PORTAL: Upload to your CB Portal Account (Login via www.cbh.com) or
FAX: 1-844-487-1050

Return Must be Mailed On or Before:

If your return has been set up for electronic filing, please return ALL signed e-file forms as soon as possible to the following:
PORTAL: Upload to your CB Portal Account (Login via www.cbh.com) or
FAX: 1-844-487-1050

Special Instructions:

New regulations for electronic filing require us to receive your signed authorization forms within TEN DAYS of our processing your tax returns. We ask that you please help us comply with these rules by promptly returning your signed authorization forms.

We appreciate your business!

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us by November 16, 2020.

Form **8879-EO****IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

Department of the Treasury
Internal Revenue Service

For calendar year 2019, or fiscal year beginning _____, 2019, and ending _____, 20____

2019▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization

Employer identification number

ACTION PATHWAYS, INC.**56-0845795**

Name and title of officer

LONNIE BALLARD JR**CEO****Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b 19,108,969.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

☒ I authorize **CHERRY BEKAERT LLP** to enter my PIN **45795**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56721017122**Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning and ending		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ACTION PATHWAYS, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2009 City or town, state or province, country, and ZIP or foreign postal code FAYETTEVILLE, NC 28302 F Name and address of principal officer: LONNIE BALLARD JR SAME AS C ABOVE	D Employer identification number 56-0845795 E Telephone number (910) 485-6131 G Gross receipts \$ 19,787,957. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		L Year of formation: 1965 M State of legal domicile: NC
J Website: ▶ WWW.ACTIONPATHWAYS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

Part I Summary		
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: ACTION PATHWAYS, INC. IS A PRIVATE, NON-PROFIT HUMAN SERVICES AGENCY OFFERING A COMPREHENSIVE	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 356
	6 Total number of volunteers (estimate if necessary)	6 5067
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
7b Net unrelated business taxable income from Form 990-T, line 39	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 17,133,087. Current Year 17,110,005.
	9 Program service revenue (Part VIII, line 2g)	1,607,800. 1,924,378.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	57,172. 27,557.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,336. 47,029.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,826,395. 19,108,969.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,829,094. 2,548,116.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	9,767,813. 9,773,862.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	58,389. 56,996.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 58,031.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,111,539. 5,582,244.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	17,766,835. 17,961,218.
19 Revenue less expenses. Subtract line 18 from line 12	1,059,560. 1,147,751.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 10,335,163. End of Year 12,117,504.
	21 Total liabilities (Part X, line 26)	1,994,120. 2,540,335.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,341,043. 9,577,169.

Part II Signature Block				
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
Sign Here	Signature of officer	Date		
	LONNIE BALLARD JR, CEO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name AMANDA ADAMS	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00358837
	Firm's name ▶ CHERRY BEKAERT LLP Firm's address ▶ 3800 GLENWOOD AVE, SUITE 200 RALEIGH, NC 27612	Firm's EIN ▶ 56-0574444		Phone no. 919-782-1040

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

☒**1** Briefly describe the organization's mission:

AS AN ANTI-POVERTY ORGANIZATION, WE ADVOCATE FOR INDIVIDUALS AND COMMUNITIES, THROUGH DEVELOPING PATHWAYS INTO ECONOMIC STABILITY AND BY PROVIDING ALERS AND CHALLENGES TO ACTIONS AND POLICIES THAT FOSTER DISADVANTAGED, POOR, AT-RISK COMMUNITIES AND INDIVIDUALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 11,255,975. including grants of \$ 638,042.) (Revenue \$ 893,263.)

ACTION PATHWAYS, INC. HEAD START/EARLY HEAD START IS A FEDERALLY FUNDED GRANT PROGRAM ADMINISTERED IN CUMBERLAND COUNTY TO SERVE 922 PRESCHOOL, INFANT/TODDLER CHILDREN AND PREGNANT WOMEN. IN 2019, HEAD START WAS IN ITS 52ND YEAR OF OPERATION. HEAD START/EARLY HEAD START PROVIDES EDUCATIONAL, HEALTH, NUTRITIONAL, SOCIAL AND DISABILITY SERVICES TO A TOTAL OF 816 CENTER-BASED AT-RISK CHILDREN AGES BIRTH TO FIVE, 96 INFANTS AND TODDLERS IN PRIVATE CHILD CARE CENTERS AS WELL AS HOME-BASED SERVICES TO 10 INFANTS/TODDLERS AND PREGNANT WOMEN. ACTION PATHWAYS, INC. HEAD START/EARLY HEAD START HAS FOURTEEN 5-STAR EARLY CHILDHOOD CENTERS AND TWO 4-STAR EARLY CHILDHOOD CENTERS LICENSED THROUGH THE NORTH CAROLINA DIVISION OF CHILD DEVELOPMENT AND EARLY EDUCATION. EACH CENTER IS STRATEGICALLY LOCATED THROUGHOUT CUMBERLAND

4b (Code:) (Expenses \$ 2,661,251. including grants of \$ 818,322.) (Revenue \$ 461,771.)

ASPIRE SELF-SUFFICIENCY PROGRAM PROVIDED COMPREHENSIVE CASE MANAGEMENT SERVICES TO SOME 221 CUMBERLAND AND SAMPSON COUNTY FAMILIES WHOSE INCOME IS 150% OR LESS OF FEDERAL POVERTY GUIDELINES DURING 2019. CLIENTS WERE PROVIDED ONE-ON-ONE COACHING AND MENTORING, JOB READINESS SERVICES, COMMUNITY RESOURCES, ADVOCACY AND FINANCIAL ASSISTANCE THAT ENABLE PARTICIPANTS TO REACH THEIR INDIVIDUAL SELF-SUFFICIENCY GOALS.

OUTCOMES INCLUDE:

221 PARTICIPANTS SERVED

16 FAMILIES ROSE ABOVE THE FEDERAL POVERTY GUIDELINES

36 OBTAINED EMPLOYMENT OR BETTER EMPLOYMENT

4c (Code:) (Expenses \$ 2,597,095. including grants of \$ 1,091,752.) (Revenue \$ 446,090.)

WEATHERIZATION ASSISTANCE PROGRAM (WAP): THIS PROGRAM IS DESIGNED TO HELP LOW-INCOME FAMILIES SAVE ENERGY, REDUCE THEIR ENERGY BURDEN AND STAY SAFE IN THEIR HOMES. THE PROGRAM'S FOCUS IS ON THE ELDERLY, THE DISABLED, FAMILIES WITH CHILDREN, HIGH ENERGY USERS AND THE ENERGY BURDENED. WEATHERIZATION ASSISTED 168 LOW INCOME FAMILIES.

HEATING AND AIR, REPAIR REPLACEMENT PROGRAM (HARRP): THIS PROGRAM IS DESIGNED TO ASSIST ELIGIBLE CITIZENS WITH REPAIRS OR REPLACEMENT OF HEATING AND AIR UNITS IN HOMES THROUGHOUT THE 11-COUNTY SERVICE AREA. THE PROGRAM ASSISTED 92 HOUSEHOLDS USING HARRP FUNDS.

DUKE ENERGY HELPING HOME FUND (HHF): THIS PROGRAM ASSISTS LOW INCOME

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$ 123,254.)

4e Total program service expenses 16,514,321.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 100	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2a 356		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note: See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	19			
b Enter the number of voting members included on line 1a, above, who are independent		19		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			5	X
6 Did the organization have members or stockholders?			6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			8a	X
b Each committee with authority to act on behalf of the governing body?			8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NC**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
KIMBERLY C. STAFFORD - (910) 485-6131
316 GREEN STREET, FAYETTEVILLE, NC 28301

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GLENN ADAMS CHAIRMAN	4.00	X		X				0.	0.	0.
(2) DR. SHERREE DAVIS VICE CHAIR	2.00	X		X				0.	0.	0.
(3) CHANCER MCLAUGHLIN TREASURER	2.00	X		X				0.	0.	0.
(4) CARLOTTA MURPHY SECRETARY	2.00	X		X				0.	0.	0.
(5) LISA CHANCE DIRECTOR	2.00	X						0.	0.	0.
(6) APRIL CLARK DIRECTOR	2.00	X						0.	0.	0.
(7) BERTHA ELLIOTT DIRECTOR	2.00	X						0.	0.	0.
(8) LENWOOD EDWARDS DIRECTOR	2.00	X						0.	0.	0.
(9) VALENCIA HANDY PARLIAMENTARIAN	2.00	X						0.	0.	0.
(10) GEORGE JAMISON DIRECTOR	2.00	X						0.	0.	0.
(11) JULANDA JETT DIRECTOR	2.00	X						0.	0.	0.
(12) THIMI KOLLAR DIRECTOR	2.00	X						0.	0.	0.
(13) RASHAD LOVETT CHAPLAIN	2.00	X						0.	0.	0.
(14) JOYCE MALONE DIRECTOR	2.00	X						0.	0.	0.
(15) JAMES O'GARRA DIRECTOR	2.00	X						0.	0.	0.
(16) CHUCK PELFREY DIRECTOR	2.00	X						0.	0.	0.
(17) BETH RAY DIRECTOR	2.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DORIS ANN SHIPMAN DIRECTOR	2.00	X						0.	0.	0.
(19) LARRY WRIGHT DIRECTOR	2.00	X						0.	0.	0.
(20) LONNIE BALLARD JR. CEO	80.00			X				110,949.	0.	7,403.
(21) KIMBERLY STAFFORD CFO	80.00			X				87,432.	0.	7,933.
1b Subtotal								198,381.	0.	15,336.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								198,381.	0.	15,336.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SCOTTS AIR LLC, 3620 LEGION ROAD SUITE 204, HOPE MILLS, NC 28348	HARRP SERVICES	209,034.
NORMAN'S HEATING & COOLING, LLC, 1135 BRIDLEMINE DRIVE, FUQUAY VARINA, NC 27526	HARRP SERVICES	179,246.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **2**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	15,810,050.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	1,299,955.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 276,739.			
	h	Total. Add lines 1a-1f		17,110,005.			
Program Service Revenue	2 a	EARLY CHILDHOOD DEVELOPMENT	Business Code	624410	893,263.	893,263.	
	b	COMMUNITY SERVICES		624200	461,771.	461,771.	
	c	LOW INCOME HOUSING		624200	446,090.	446,090.	
	d						
	e						
	f	All other program service revenue		624410	123,254.	123,254.	
	g	Total. Add lines 2a-2f		1,924,378.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			20,408.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	38,568.			
b		Less: rental expenses ...	(ii) Personal	0.			
c		Rental income or (loss)		38,568.			
d		Net rental income or (loss)		38,568.			38,568.
7 a		Gross amount from sales of assets other than inventory	(i) Securities	684,523.			
b		Less: cost or other basis and sales expenses	(ii) Other	651,097.	26,277.		
c		Gain or (loss)		33,426.	-26,277.		
d		Net gain or (loss)		7,149.			7,149.
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		10,075.			
b		Less: direct expenses		1,614.			
c		Net income or (loss) from fundraising events		8,461.			8,461.
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total revenue. See instructions		19,108,969.	1,924,378.	0.	74,586.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

☒ X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,548,116.	2,548,116.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	213,717.	190,951.	22,766.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,963,433.	6,206,891.	756,542.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	107,950.	99,409.	8,541.	
9 Other employee benefits	1,884,066.	1,734,997.	149,069.	
10 Payroll taxes	604,696.	556,852.	47,844.	
11 Fees for services (nonemployees):				
a Management				
b Legal	23,694.	16,422.	7,272.	
c Accounting	56,400.		56,400.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	56,996.			56,996.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	2,001,337.	1,958,308.	43,029.	
12 Advertising and promotion	21,870.	19,886.	1,984.	
13 Office expenses	191,951.	134,595.	57,356.	
14 Information technology	70,418.	59,335.	11,083.	
15 Royalties				
16 Occupancy	1,183,044.	1,070,205.	112,839.	
17 Travel	269,790.	243,499.	26,291.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	149,382.	136,600.	12,782.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	411,356.	396,810.	14,546.	
23 Insurance	101,406.	83,506.	17,900.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM SUPPLIES	688,981.	688,981.		
b COMMUNICATIONS	336,962.	313,380.	23,582.	
c				
d				
e All other expenses	75,653.	55,578.	19,040.	1,035.
25 Total functional expenses. Add lines 1 through 24e	17,961,218.	16,514,321.	1,388,866.	58,031.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,705,985.	1	1,024,063.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,732,505.	3	3,417,451.
	4 Accounts receivable, net	332,998.	4	325,348.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	4,107.	8	4,107.
	9 Prepaid expenses and deferred charges	128,576.	9	116,633.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,618,800.		
	b Less: accumulated depreciation	10b 5,247,915.		
		5,703,648.	10c	6,370,885.
	11 Investments - publicly traded securities	719,637.	11	851,310.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	7,707.	15	7,707.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	10,335,163.	16	12,117,504.	
Liabilities	17 Accounts payable and accrued expenses	819,285.	17	1,552,844.
	18 Grants payable	126,621.	18	127,218.
	19 Deferred revenue	169,604.	19	90,896.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	878,610.	23	769,377.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,994,120.	26	2,540,335.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,189,843.	27	9,452,527.
	28 Net assets with donor restrictions	151,200.	28	124,642.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,341,043.	32	9,577,169.
	33 Total liabilities and net assets/fund balances	10,335,163.	33	12,117,504.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,108,969.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,961,218.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,147,751.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,341,043.
5	Net unrealized gains (losses) on investments	5	88,375.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,577,169.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ACTION PATHWAYS, INC.

Employer identification number

56-0845795

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	16103713.	15183693.	16455139.	17059168.	17110005.	81911718.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	16103713.	15183693.	16455139.	17059168.	17110005.	81911718.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						81911718.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	16103713.	15183693.	16455139.	17059168.	17110005.	81911718.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	78,907.	86,047.	74,784.	59,092.	58,976.	357,806.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	24,162.	24,436.	34,879.	14,203.	8,461.	106,141.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	75.	6,360.	226.	2,173.		8,834.
11 Total support. Add lines 7 through 10						82384499.
12 Gross receipts from related activities, etc. (see instructions)					12	11,279,353.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	99.43 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	99.37 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

CLIENT COPY

Schedule B(Form 990, 990-EZ,
or 990-PF)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

ACTION PATHWAYS, INC.

Employer identification number

56-0845795

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

ACTION PATHWAYS, INC.**56-0845795****Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	US DEPT OF HEALTH AND HUMAN SERVICES 26 FEDERAL PLAZA NEW YORK, NY 10278	\$ 13,589,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF AGRICULTURE 1400 INDEPENDENCE AVENUE, S.W. WASHINGTON, DC 20250	\$ 709,673.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF ENERGY 1000 INDEPENDENCE AVE., S.W. WASHINGTON, DC 20250	\$ 440,846.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	NC DEPT OF HEALTH AND HUMAN SERVICES 2001 MAIL SERVICE CENTER RALEIGH, NC 27699	\$ 604,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

ACTION PATHWAYS, INC.**56-0845795****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

ACTION PATHWAYS, INC.

Employer identification number

56-0845795

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (for example, recreation or education) ☐ Preservation of a historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other _____

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☒ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☒

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		509,732.		509,732.
b Buildings		6,529,149.	2,603,591.	3,925,558.
c Leasehold improvements				
d Equipment		2,087,595.	1,081,054.	1,006,541.
e Other		2,492,324.	1,563,270.	929,054.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				6,370,885.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	21,694,580.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	88,375.
b	Donated services and use of facilities	2b	1,103,936.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1,365,409.
e	Add lines 2a through 2d	2e	2,557,720.
3	Subtract line 2e from line 1	3	19,136,860.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-27,891.
c	Add lines 4a and 4b	4c	-27,891.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	19,108,969.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	20,458,454.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,103,936.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,393,300.
e	Add lines 2a through 2d	2e	2,497,236.
3	Subtract line 2e from line 1	3	17,961,218.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,961,218.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART IV, LINE 2B:

THE ORGANIZATION PROVIDES FINANCIAL LITERACY, CREDIT, AND HOUSING COUNSELING. AMOUNTS ARE COLLECTED FROM CLIENTS AND DISBURSED TO CREDITORS ON THEIR BEHALF. THE BALANCE IN THE ESCROW ACCOUNT AT THE END OF THE YEAR REPRESENTS AMOUNTS COLLECTED THAT HAVE NOT YET BEEN DISBURSED.

PART X, LINE 2:

THE ORGANIZATION HAS EVALUATED THE EFFECT OF GAAP GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT BELIEVES THAT THE ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION, AND THEREFORE, HAD NO UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2019

Part XIII Supplemental Information *(continued)*

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND CHARGES	1,365,409.
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PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES	-1,614.
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LOSS ON DISPOSAL OF FIXED ASSETS	-26,277.
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TOTAL TO SCHEDULE D, PART XI, LINE 4B	-27,891.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND CHARGES	1,365,409.
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DIRECT FUNDRAISING EVENT EXPENSES	1,614.
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LOSS ON DISPOSAL OF FIXED ASSETS	26,277.
----------------------------------	---------

TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,393,300.
--	------------

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				
	11 Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

- 16** Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17** Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

ACTION PATHWAYS, INC.

Employer identification number

56-0845795

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes**

☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II **Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2019)

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
WEATHERIZATION	260	1,091,752.	0.		
SELF SUFFICIENCY	235	277,737.	0.		
FOOD	206786	0.	1,156,793.	FMV	FOOD PACKAGES
REENTRY	630	21,834.	0.		

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CLIENTS ARE REMINDED THAT IT IS IMPERATIVE THAT THE CASE MANAGER BE MADE
 AWARE OF ANY ACTIONS TAKEN OR INACTIONS, CHANGE IN SITUATION AND ANY NEW
 PROBLEMS THAT MAY HAVE ARISED. ONGOING CONTACT WITH THE CASE MANAGER IS
 MANDATORY FOR PROGRAM PARTICIPANTS SO THE CLIENT'S FILE MAY STAY CURRENT
 AND DISPLAY ACTIVITY: (1) BIWEEKLY TELEPHONE CONTACTS OR HOME VISITS ARE
 MADE TO FOLLOW UP ON CLIENT'S PERFORMANCE (2) WEEKLY CONTACTS ARE MADE IF
 CLIENT'S SITUATION BECOMES UNSTABLE (3) INFORMATION IS DOCUMENTED IN FILE
 AS REPORTED BY TELEPHONE CONTACTS WRITTEN CONTACTS, OR HOME VISITS WITHIN

Part IV Supplemental Information

24 HOURS OF EVENT (4) EMPLOYERS AND INSTRUCTORS ARE CONTACTED TO DISCUSS
JOB PERFORMANCE AND CLASS PERFORMANCE (5) CERTIFICATES, CLASS SCHEDULES,
GRADES, PAY STUBS, ACCEPTANCE LETTERS, AWARD LETTERS AND EMPLOYMENT
EVALUATIONS ARE PHOTOCOPIED AND PUT IN FILE (6) TRANSPORTATION IS PROVIDED
TO SEEK EMPLOYMENT, COMPLETE HOUSING APPLICATIONS, REGISTER FOR CLASSES,
AND TO ATTEND EMPLOYMENT INTERVIEWS DURING CRISIS SITUATIONS CASE MANAGERS
MAY TRANSPORT CLIENTS TO AND FROM WORK UNTIL OTHER ARRANGEMENTS ARE MADE
(7) CASE MANAGERS ADHERE TO POLICY AND PROCEDURES CONCERNING
CONFIDENTIALITY (8) IF DIRECT SERVICES ARE PROVIDED, THE CASE MANAGER
VERIFIES THE REQUEST FOR ASSISTANCE BY OBTAINING THE NECESSARY DOCUMENTS
ASSOCIATED WITH THE REQUEST (I.E., ESTIMATES, QUOTES, BILLING STATEMENTS,
ETC.) (9) CASE MANAGERS ARE RESPONSIBLE FOR SUBMITTING THE REQUEST FOR
SERVICE ON BEHALF OF THE PARTICIPANT IF THE REQUEST IS APPROVED BY THE
SELF-SUFFICIENCY MANAGER AND PROGRAM DIRECTOR, THE FUNDS ARE RELEASED IN
THE FORM OF A PURCHASE ORDER AND/OR CHECK (10) CASE MANAGERS ARE TO
COMPLETE THE TRANSACTION WITH THE VENDOR MAKING SURE THE RECEIPT OR PAYMENT
IS OBTAINED (11) ALL DOCUMENTS ARE RETURNED TO THE FINANCE DEPARTMENT AND
COPIES OF SERVICE PROVIDED ARE DOCUMENTED IN THE REPORTING SOFTWARE AND
CLIENT FILE (12) NO FUNDS ARE RELEASED TO THE CLIENTS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public
Inspection

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization

ACTION PATHWAYS, INC.

Employer identification number

56-0845795

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial	X	10	178,645.	FMV
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X	13	98,093.	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

ACTION PATHWAYS, INC.

Employer identification number
56-0845795

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND SUPPORTIVE APPROACH TO HELPING FAMILIES AND INDIVIDUALS ACHIEVE AND
SUSTAIN ECONOMIC SECURITY, EFFECTIVELY PROVIDING THEM A PATH FORWARD IN
LIFE. FORMERLY KNOWN AS CUMBERLAND COMMUNITY ACTION PROGRAM, INC.

(CCAP), ACTION PATHWAYS, INC. HAS DEVELOPED AND OPERATED SUCCESSFUL
COMMUNITY-BASED PROGRAMS IN SOUTHEASTERN NORTH CAROLINA FOR 50 YEARS.

ACTION PATHWAYS, INC. IS PART OF A NATIONAL NETWORK OF COMMUNITY ACTION
PROGRAMS WHOSE PROMISE IS TO CHANGE PEOPLE'S LIVES, EMBODY THE SPIRIT
OF HOPE, IMPROVE COMMUNITIES, AND MAKE AMERICA A BETTER PLACE TO LIVE.

WE CARE ABOUT THE ENTIRE COMMUNITY AND ARE DEDICATED TO HELPING PEOPLE
HELP THEMSELVES AND EACH OTHER. WE SEE A STRONGER, HEALTHIER, AND MORE
VIALE COMMUNITY IN THE FUTURE BY INVESTING IN THE INDIVIDUALS AND
FAMILIES WE SERVE. ACTION PATHWAYS, INC. CAN CREATE A MEANINGFUL AND
SUSTAINABLE DIFFERENCE IN OUR COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

COUNTY TO ENSURE SERVICES ARE AVAILABLE TO THE MOST IN NEED CHILDREN
AND FAMILIES. SERVICES ARE FREE TO CUMBERLAND COUNTY RESIDENTS WHO MEET
THE ELIGIBILITY CRITERIA AS APPROVED BY THE POLICY COUNCIL.

IN 2019, ACTION PATHWAYS, INC. HEAD START/EARLY HEAD START WAS
RE-FUNDED TO OFFER COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES
FOR 642 PRE-SCHOOL AGED CHILDREN AND THEIR FAMILIES IN ADDITION TO 184
INFANTS, TODDLERS, AND PREGNANT WOMEN. INDIVIDUALIZED PROGRAMS ARE
DEVELOPED FOR EACH PARTICIPANT, AND THEIR FAMILY, TO ENSURE THEIR
SPECIFIC NEEDS ARE MET. CHILDREN ARE ACCEPTED INTO THE EARLY HEAD START

Name of the organization

ACTION PATHWAYS, INC.

Employer identification number

56-0845795

PROGRAM AT SIX WEEKS OF AGE AND REMAIN ELIGIBLE FOR SERVICES UNTIL AGE THREE, AT WHICH TIME PARENTS MUST REAPPLY FOR PRESCHOOL HEAD START SERVICES FOR THE UPCOMING PROGRAM YEAR IF THE CHILD'S BIRTHDAY FALLS ON OR BEFORE AUGUST 31ST. PREGNANT MOTHERS ARE ALSO ENROLLED FOR SERVICES WHEN ELIGIBLE.

THE CHILD NUTRITION PROGRAM IS A FEDERAL PASS-THROUGH GRANT THAT SERVES NUTRITIOUS MEALS TO ALL CHILDREN ATTENDING THE HEAD START/EARLY HEAD START PROGRAM. APPROXIMATELY 291,488 MEALS WERE SERVED TO HEAD START/EARLY HEAD START CHILDREN IN 2019. THE NUTRITION SERVICE AREA PROVIDES EACH CHILD WITH 1/2 TO 2/3 OF THEIR DAILY NUTRITIONAL NEEDS AND CONTRIBUTES TO EACH CHILD'S PHYSICAL, EMOTIONAL, AND SOCIAL DEVELOPMENT. MEALS CONTINUE TO INCORPORATE MORE WHOLE GRAINS AND FRESH FRUIT AND A REGISTERED DIETICIAN IS AVAILABLE TO REVIEW MENUS TO ENSURE ALL DIETARY REQUIREMENTS ARE MET. THE NUTRITION COORDINATOR PRESENTS MENUS TO THE HEALTH/NUTRITION ADVISORY COMMITTEE FOR INPUT AND APPROVAL. CHILDREN WITH ALLERGIES ARE PROVIDED INDIVIDUALIZED SERVICES FOR EACH AND EVERY MEAL. MEALS ARE NOT ONLY NUTRITIOUS; THEY ALSO REFLECT VARIETY AND CULTURAL DIVERSITY. CLASSROOM ACTIVITIES RELATING TO NUTRITION ARE PROVIDED AS WELL AS THE ENGAGEMENT OF PARENTS IN NUTRITION TRAININGS. PARENTS ARE ALSO REFERRED TO THE LOCAL WIC PROGRAM AND PROVIDED INFORMATION ON THE FOOD AND NUTRITION SERVICES AS WELL AS REFERRALS TO THE FOOD BANK OPERATED UNDER ACTION PATHWAYS, INC.

ACTION PATHWAYS, INC. HEAD START DUALY ENROLLED AND SERVED 258 NC PRE-K CHILDREN IN 2019. NC PRE-K IS A STATE-FUNDED, COMMUNITY-BASED PRE-KINDERGARTEN PROGRAM DESIGNED TO PROVIDE FOUR YEAR OLD CHILDREN, WHO MAY NOT OTHERWISE BE SERVED, WITH A VALUABLE EDUCATIONAL

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EXPERIENCE. THIS FULL-DAY PROGRAM PROVIDES YOUNG CHILDREN WITH ACCESS TO AN EARLY CHILDHOOD CURRICULUM AND PRESCHOOL EXPERIENCE TO ENHANCE THEIR SCHOOL READINESS. THE PRE-KINDERGARTEN STANDARDS ARE BUILT ON THE PREMISE THAT IN ORDER TO BE SUCCESSFUL ACADEMICALLY IN SCHOOL, CHILDREN NEED TO BE PREPARED IN ALL FIVE MAJOR DOMAINS OF DEVELOPMENT. SCHOOL READINESS GOALS HAVE BEEN DEVELOPED FOR EARLY HEAD START AND PRESCHOOL HEAD START CHILDREN. TO FURTHER INCREASE SCHOOL READINESS, PRE-SCHOOL CHILDREN RECEIVE BACKPACKS EQUIPPED WITH ITEMS TO ENHANCE SUMMER LEARNING AND FURTHER PREPARE THEM FOR KINDERGARTEN. TO ASSIST WITH SOCIAL/EMOTIONAL DEVELOPMENT, THE SPECIAL NEEDS SERVICE AREA CONDUCTED TRAINING AND IMPLEMENTED "SELF REGULATION" FOR PRE-SCHOOL CHILDREN. ADDITIONAL RESOURCES WERE PROVIDED IN THE CLASSROOM AND PARENTS WERE PROVIDED WEEKLY MENTAL HEALTH ACTIVITIES TO DO WITH THEIR CHILD AT HOME.

FAMILY ADVOCATES ARE AVAILABLE AT HEAD START/EARLY HEAD START CENTERS FOR ALL FAMILIES. WITH THE ASSISTANCE OF THE FAMILY ADVOCATES, FAMILIES ARE ENCOURAGED TO DEVELOP FAMILY PARTNERSHIP AGREEMENTS THAT INCLUDE GOALS SPECIFIC TO THE NEEDS AND DESIRES OF EACH FAMILY SUCH AS THE PURSUIT OF EDUCATION, PURCHASE OF A HOME, OBTAINING A DRIVER'S LICENSE, ETC. IN 2019, 1,120 ENROLLED FAMILIES DEVELOPED FAMILY PARTNERSHIP AGREEMENTS WITH 1,378 FOLLOW-UPS COMPLETED PROGRAM WIDE.

ACTION PATHWAYS SECOND HARVEST FOOD BANK OF SOUTHEAST NORTH CAROLINA (SHFB OR FOOD BANK) IS A DIVISION OF ACTION PATHWAYS. WE ARE A MEMBER OF "FEEDING THE CAROLINAS" AND FEEDING AMERICA. THE FOOD BANK SERVES SOME 260 NON-PROFIT AGENCIES WITH FEEDING PROGRAMS IN SEVEN SOUTHEASTERN NORTH CAROLINA COUNTIES. OUR PRIMARY SERVICE AREA INCLUDES

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BLADEN, CUMBERLAND, DUPLIN, HARNETT, HOKE, ROBESON AND SAMPSON
COUNTIES.

THE FOOD BANK'S MISSION IS TO FEED THE HUNGRY IN SOUTHEAST NORTH
CAROLINA BY SOLICITING AND JUDICIOUSLY DISTRIBUTING HEALTHY FOOD AND
GROCERY PRODUCTS THROUGH A NETWORK OF NONPROFIT PARTNERS, AND TO BE AN
ADVOCATE THAT EDUCATES THE COMMUNITY ON THE PROBLEMS OF AND SOLUTIONS
TO DOMESTIC HUNGER. THE FOOD BANK COLLECTS USABLE GROCERY ITEMS, LARGELY
DONATED FROM SUPPLIERS AND DISTRIBUTES THEM THROUGH A NETWORK OF
NON-PROFIT PARTNERS.

SOME OF OUR 2019 ACCOMPLISHMENTS INCLUDE:

IN 2019, THE FOOD BANK DISTRIBUTED MORE THAN 13.3 MILLION POUNDS OF
FOOD OR 11,083 MILLION MEALS THROUGH SOUTHEAST NORTH CAROLINA.

IN ADDITION TO GENERAL FOOD DISTRIBUTION, THE FOOD BANK ENGAGES IN "THE
HUNGER RELIEF FOR KIDS" BACKPACK PROGRAM, A PROGRAM WITH 53 SCHOOLS
PARTICIPATING IN ALL 7 COUNTIES WITH OVER 2,400 CHILDREN BEING SERVED
ON FRIDAYS DURING THE SCHOOL YEAR. A TOTAL OF 229,363 POUNDS AND
ESTIMATED 191,135 MEALS.

THE FOOD BANK OPERATES A MOBILE FOOD PANTRY PROGRAM AS A DIRECT SERVICE
TO THOSE AT-RISK OF HUNGER, FACING BARRIERS OF LIVING IN FOOD DESERTS,
OR LACKING TRANSPORTATION TO REACH A PANTRY TO ACCESS NUTRITIOUS FOOD.
MOBILES OFFER FLEXIBILITY IN MOVEMENT OF PRODUCTS IN AN EXPEDITIOUS
MANNER WITH OR WITHOUT AGENCY INVOLVEMENT, WHILE MAINTAINING AN
ATMOSPHERE OF DIGNITY. 104 DISTRIBUTION EVENTS WERE CONDUCTED IN OUR

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SERVICE AREA, WITH 32 MOBILES DISTRIBUTING OVER 451,585 POUNDS OF FRESH PRODUCE ONLY.

TEFAP (THE EMERGENCY ASSISTANCE FOOD PROGRAM) IS ADMINISTERED BY THE FOOD BANK THROUGH A PARTNERSHIP WITH THE NORTH CAROLINA DEPARTMENT OF AGRICULTURE (NCDA). THROUGH OUR NETWORK OF 61 PARTNER AGENCIES WE SERVED 71,477 HOUSEHOLDS CONSISTING OF OVER 205,886 INDIVIDUALS. CSFP (COMMODITIES SUPPLEMENTAL FOOD PROGRAM) THROUGH OUR PARTNERSHIP WITH THE NORTH CAROLINA DEPARTMENT OF AGRICULTURE (NCDA). THIS IS A PROGRAM FOR SENIORS. WE BEGAN 2018 WITH A CASELOAD OF 100 INCREASED TO 700. IN JULY OF 2019, WE REACHED A CASELOAD OF 900 SENIORS EXPANDING INTO ALL SEVEN COUNTIES. A FOOD BOX IS PROVIDED TO SENIORS SIXTY YEARS OF AGE AND ABOVE MONTHLY. SHFB DISTRIBUTED A TOTAL OF 317,234 POUNDS.

THE "CHARLIE CART PROJECT" WAS INITIATED TO PROMOTE NUTRITION EDUCATION AND INFORMATION. THIS IS A FREE STANDING TRAVELING KITCHEN, FULLY SELF-CONTAINED CART THAT CHEF/VOLUNTEERS HAVE BEGUN UTILIZING TO PREPARE HEALTHY SAMPLES FOR PARTICIPANTS DURING FRESH PRODUCE DISTRIBUTIONS.

VOLUNTEERS: BUSINESSES, FAMILIES AND INDIVIDUALS SIGNED UP FOR VOLUNTEER OPPORTUNITIES TO PROVIDE SUPPORT FOR SPECIAL EVENTS SUCH AS FOOD DRIVES, BOXING OR SORTING CANS GOODS AND GROCERIES, DISTRIBUTING FOOD AT MOBILE PANTRY LOCATIONS AND ASSISTING WITH DISTRIBUTIONS AT FRESH PRODUCE MARKET EVENTS. VOLUNTEER HOURS FOR 2019 TOTALED 17,121 HOURS DONATED BY 5,067 VOLUNTEERS.

HUNGERCANTWAIT.ORG IS SHFB'S WEBSITE LAUNCHED IN 2018, "LIKES" HAVE

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INCREASED FROM 400 TO OVER 4,298 IN 2019.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

3 OBTAINED JOBS WITH MEDICAL BENEFITS

20 COMPLETED EDUCATIONAL PROGRAMS RESULTING IN A DIPLOMA, CERTIFICATION
OR DEGREE

17 OBTAINED SAFE HOUSING

89 RECEIVED EMERGENCY ASSISTANCE

55 RECEIVED EMPLOYMENT SUPPORTIVE SERVICES THAT ASSISTED IN MAINTAINING
EMPLOYMENT

55 RECEIVED EDUCATIONAL SUPPORTIVE SERVICES TO ACHIEVE EDUCATIONAL
GOALS

SUMMER YOUTH EMPLOYMENT PROGRAM : THE SUMMER YOUTH EMPLOYMENT PROGRAM

PROVIDED YOUTH PARTICIPANTS WITH JOB READINESS TRAINING, INDIVIDUAL

COACHING, FINANCIAL EDUCATION, EXPOSURE TO CAREERS MATCHING THEIR

TALENTS AND INTERESTS AND PAID INTERNSHIPS DURING THE SUMMER OF 2019.

FOURTEEN (14) ELIGIBLE CUMBERLAND AND SAMPSON COUNTY YOUNG ADULTS, AGES

15 - 17, WERE PROVIDED PAID SUMMER EMPLOYMENT THAT ALLOWED THEM TO

DEVELOP EMPLOYABILITY SKILLS, PROFESSIONALISM, TEAMWORK EXPERIENCE AND

WORKPLACE ETIQUETTE. YOUTHS WORKED 20 HOURS PER WEEK FOR FIVE WEEKS AND

EARNED \$7.25 PER HOUR.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

QUALIFIED NORTH CAROLINA FAMILIES SAVE ENERGY AND MONEY THROUGH HOME

ENERGY REPAIRS AT NO COST TO THE PARTICIPANT. HOUSEHOLDS RECEIVED

ENERGY-SAVING UPGRADES. SERVICES PROVIDED BY THE PROGRAM INCLUDED:

HEALTH AND SAFETY REPAIRS UP TO \$3,000 PER HOME, APPLIANCE REPLACEMENT

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UP TO \$2,000 PER HOME AND HEATING AND COOLING SYSTEM REPAIR UP TO \$4,000 PER HOME. HELPING HOME FUNDS ARE MADE AVAILABLE THROUGH THE N.C. UTILITIES COMMISSION DURING THE DUKE ENERGY AND PIEDMONT NATURAL GAS MERGER. USING DUKE HHF FUNDS WE WERE ABLE TO LEVERAGE HHF FUNDS ALONG WITH WEATHERIZATION FUNDS TO ASSIST LOW INCOME FAMILIES.

THE BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA HEALTHY HOME INITIATIVE (HHI) PROGRAM: THIS PROGRAM IS DESIGNED TO ASSIST INCOME-QUALIFIED HOUSEHOLDS INCREASE OVERALL HEALTH OUTCOMES THROUGH THE INSTALLATION/REPAIR OF HEALTH AND SAFETY MEASURES AT THE CUSTOMER'S RESIDENCE IN THE STATE OF NORTH CAROLINA. BLUE CROSS BLUE SHIELD (HHI) FUNDING ALLOWS API TO LEVERAGE WEATHERIZATION FUNDS TO BETTER ASSIST LOW INCOME FAMILIES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS A POLICY COUNCIL FOR ITS HEAD START PROGRAM, WHICH IS MOSTLY COMPRISED OF PARENTS FROM THE HEAD START CENTERS THAT THE PROGRAM BENEFITS. THE POLICY COUNCIL HAS THE POWER TO APPOINT ONE OF THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 7B:

THE ORGANIZATION HAS A POLICY COUNCIL FOR ITS HEAD START PROGRAM, WHICH IS MOSTLY COMPRISED OF PARENTS FROM THE HEAD START CENTERS THAT THE PROGRAM BENEFITS. THE POLICY COUNCIL APPROVES THE ITEMS SUCH AS POLICY CHANGES, BUDGET, ETC. AS RELATED TO THE HEAD START PROGRAM. THE ORGANIZATION'S GOVERNING BODY IS NOT REQUIRED TO ACT ACCORDING TO THE DECISIONS OF THE POLICY COUNCIL, BUT A MATTER OF DISAGREEMENT BETWEEN THE GOVERNING BODY AND THE POLICY MAY BE SUBJECT TO DISPUTE RESOLUTION THROUGH THE US DEPARTMENT

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OF HEALTH AND HUMAN SERVICES, WHICH FUNDS THE HEAD START PROGRAM.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE 990 WILL BE PROVIDED TO THE ENTIRE BOARD FOR REVIEW AND APPROVAL PRIOR TO FILING. THE APPROVAL IS DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION B, LINE 12C:

EMPLOYEES ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AS THEY ARISE. ACCOUNTING STAFF HAVE TO SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR AND MUST REPORT CONFLICTS AS THEY ARISE. SHOULD A CONFLICT ARISE DURING THE YEAR, A BOARD MEMBER WOULD RECUSE HIMSELF OR HERSELF AND AN EMPLOYEE WOULD HAVE TO RESOLVE THE CONFLICT OR REFRAIN FROM WORKING ON THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION USES A WAGE STUDY PERFORMED BY AN INDEPENDENT ORGANIZATION IN ORDER TO DETERMINE REASONABLE COMPENSATION FOR THE CEO AND ANY KEY EMPLOYEE. THE BOARD OF DIRECTORS APPROVES THE STUDY AND THE RESULTING COMPENSATION PACKAGES. THE DECISION IS DOCUMENTED IN THE BOARD MINUTES. THE ORGANIZATION'S POLICY REQUIRES THE WAGE STUDY TO BE PERFORMED PERIODICALLY.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

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56-0845795**ALARM MONITORING :**

PROGRAM SERVICE EXPENSES	25,311.
MANAGEMENT AND GENERAL EXPENSES	623.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	25,934.

CONSULTING :

PROGRAM SERVICE EXPENSES	905,460.
MANAGEMENT AND GENERAL EXPENSES	2,808.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	908,268.

CONTRACT SERVICES :

PROGRAM SERVICE EXPENSES	846,416.
MANAGEMENT AND GENERAL EXPENSES	11,393.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	857,809.

DRUG TESTING :

PROGRAM SERVICE EXPENSES	7,927.
MANAGEMENT AND GENERAL EXPENSES	741.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,668.

GARBAGE SERVICES :

PROGRAM SERVICE EXPENSES	55,076.
MANAGEMENT AND GENERAL EXPENSES	4,564.
FUNDRAISING EXPENSES	0.

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TOTAL EXPENSES	59,640.
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JANITORIAL SERVICES :

PROGRAM SERVICE EXPENSES	32,290.
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MANAGEMENT AND GENERAL EXPENSES	2,677.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	34,967.
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LAWN SERVICES :

PROGRAM SERVICE EXPENSES	46,970.
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MANAGEMENT AND GENERAL EXPENSES	18,539.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	65,509.
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LINEN SERVICES :

PROGRAM SERVICE EXPENSES	5,035.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	5,035.
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MENTAL HEALTH SERVICES :

PROGRAM SERVICE EXPENSES	7,570.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	7,570.
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PEST CONTROL SERVICES :

PROGRAM SERVICE EXPENSES	18,183.
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MANAGEMENT AND GENERAL EXPENSES 982.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 19,165.

TIME & ATTENDANCE :

PROGRAM SERVICE EXPENSES 8,070.

MANAGEMENT AND GENERAL EXPENSES 702.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 8,772.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 2,001,337.

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ACTION PATHWAYS, INC.	Taxpayer identification number (TIN) 56-0845795
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 2009	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAYETTEVILLE, NC 28302	

Enter the Return Code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KIMBERLY C. STAFFORD

- The books are in the care of ► **316 GREEN STREET - FAYETTEVILLE, NC 28301**
Telephone No. ► **(910) 485-6131** Fax No. ► _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **NOVEMBER 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2019** or
► ☐ tax year beginning _____, and ending _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.